

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	896	5 10-30-00
RESPONSE FORMALITY REVIEW			12-04-00

# INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	01/17/03
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6	✓	✓	01/17/03
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30	✓	✓	01/17/03
31	✓	✓	01/17/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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